

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/559,141

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6		1				
7	1					
8		1				
9		1				
10	1					
11		1				
12		1				
13	1					
14	1					
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16		1				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27		2				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40		1				
41		1				
42		2				
43		1				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	34					
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						